



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code		SC		Dept.	A	Contract Number		
County Department TREASURER-TAX COLLECTOR				Dept. AAA		Orgn. TTC		Contractor's License No.	
County Department Contract Representative Dennis L. Draeger, Chief Tax Collections				Telephone 909-387-6381		Total Contract Amount 1,250.00			
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason:									
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Project Name				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

CONTRACTOR City of Twentynine Palms

Federal ID No. or Social Security No. \_\_\_\_\_

Contractor's Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Contract: *(Briefly describe the general terms of the contract)*

PER CALIFORNIA REVENUE AND TAXATION CODE CHAPTER 8 TAX SALE.

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

Approved as to Legal Form (sign in blue ink) _____ County Counsel	Reviewed as to Contract Compliance _____ _____	Presented to BOS for Signature _____ Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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Input Date	Keyed By